

Discussion: Study data lead to a change in practice by making CBC with automated differential the standard of practice for ANC calculation. This has significantly decreased result TAT allowing for classification of neutropenia and associated patient interventions to happen more quickly and cost effectively.

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Housing and Caregiver Challenges for Hematopoietic Cell Transplant Recipients and Their Potential Solutions: Results from a Mixed-Method Study

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Patients undergoing hematopoietic cell transplantation (HCT) and their caregivers and families frequently need to temporarily relocate closer to the transplant center (TC). Additionally, patients are often required to have a caregiver to proceed with HCT. If continuous caregiver support is not available, HCT may not be an option. To learn more about and to characterize temporary housing and caregiver challenges for autologous and allogeneic HCT recipients and the solutions that TCs utilize to address them, we conducted telephone focus groups, followed by a web-based survey of HCT social workers. Three telephone focus groups were conducted with social workers who work with HCT recipients (15 participants). Qualitative analysis of responses identified several temporary housing and caregiver availability issues (Figure 1). The focus group results informed the design of a national survey. The online survey was administered August–October 2013 to a primary HCT social worker (or other designated member of the care team) at NMDP Network TCs in the United States (N=139). Respondents were asked to complete the survey based on their experience at the TC within the past year. The response rate as of 9/30/13 is 35%. Among adult programs (N=31), 94% of TCs had patients that relocated closer to the TC to proceed with HCT. 42% of

allogeneic TCs had distance requirements, ranging from 5 to 90 miles, and 71% had time requirements, ranging from 10 to 120 minutes. Social workers spend a median of 4 hours (range: 1–15) a week addressing housing needs. The most common type of housing option offered was discounted hotel rates. 61% of centers provided housing assistance funds. 90% of TCs require a caregiver to proceed to HCT, and social workers dedicated a median of 4.5 hours (range: 1–15) per week to identifying a caregiver. When asked to identify the approximate percent of patients who did not have a caregiver, a median of 5% (range: 1–30) was identified. 48% of TCs use a caregiver contract.

Among pediatric programs (N=15), 87% of TCs had patients that relocated closer to the TC to proceed with HCT. 67% of allogeneic TCs had distance requirements, ranging from 8 to 100 miles, and 67% had time requirements, ranging from 20 to 90 minutes. Social workers spent a median of 3 hours (range 1–10) a week addressing housing needs. Ronald McDonald House was the most common type of temporary housing available. 93% of TCs provided housing assistance funds to patients. 86% of TCs require a caregiver to proceed to HCT, and social workers dedicated a median of 2.5 hours (range: 0.5–8) per week to identifying a caregiver. 40% of TCs use a caregiver contract.

Preliminary results from our study show wide variation in temporary housing and caregiver requirements at TCs to proceed with HCT. These issues can present as a major barrier to HCT for patients. Additional analyses from the survey will identify solutions that TCs use to address housing and caregiver issues.

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Bridging the Gaps: Reducing Communication Barriers in the Pediatric Hematopoietic Stem Cell Transplant Program

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Background: Hematopoietic Stem Cell Transplantation (HSCT) patients and their families interact with multiple clinical and administrative personnel throughout the course of their treatment. Existing communication barriers can complicate coordination of their care. Recently, new indications for transplant including non-malignant diseases and gene therapy protocols have caused a shift in our patient demographics. With a growing percentage of non-English speaking patients, these communication barriers affect our ability to provide high quality and compassionate care that is equivalent across cultural and geographic boundaries. This quality improvement project was developed to address gaps within the operational workflow of the Dana-Farber/ Boston Children's Hospital Pediatric HSCT Program, specifically communication gaps with non-English speaking families.

Figure 1
Important Housing and caregiver availability barriers identified on qualitative analysis

	Adult	Pediatric
Housing	<ul style="list-style-type: none"> • Cost/affordability of housing • Lack of insurance benefits for lodging 	<ul style="list-style-type: none"> • Lack of housing options available • Housing options full/long waiting lists
Caregiver Availability	<ul style="list-style-type: none"> • Patient has limited social ties (e.g., no one to ask, estranged from family) • Caregiver would lose income • Caregiver cannot commit to the required time period 	<ul style="list-style-type: none"> • Caregiver would lose income • Caregiver has family members to care for • Caregiver's employer does not provide time off/leave of absence